

## **myspa client consent form for COVID-19**

I understand that the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which it carriers of the virus which may not show the symptoms and may still be contagious.

I confirm that I am not waiting for the results of a laboratory test for COVID-19. I confirm that I am not currently positive for COVID-19. I verify that I have not been identified as a contact of someone who has tested positive for the COVID-19 or been asked to self-isolate by Ontario Public Health, or any other government agency.

I verify that I have not returned to the GTA from any country outside of the Canada, whether by car, air, bus or train in the past 14 days.

I confirm that I am not presenting with any of the following symptoms of COVID-19 identified by the CDC:

- **Fever: 38C, or 100F, chills or body aches**
- **Cough**
- **Sore throat**
- **Shortness of breath**
- **Difficulty breathing**
- **Flu-like symptoms**
- **Runny nose**
- **Loss of smell or taste**

I understand that people in high risk category are at increased illness or death from COVID-19, including: chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised, sever obesity, diabetes, chronic kidney disease undergoing dialysis, liver disease or over the age of 65.

1. I understand that physical distancing of 6 feet may not be possible while at myspa.
2. I understand that I must sanitize my hands upon entering myspa and I must wear a clean mask that covers my mouth and nose while in common areas.
3. I understand I am prohibited to bring anyone else with me to my appointment.
4. I understand that for the safety of everyone, my temperature will be checked before the services are started.
5. I understand that I may be unable to proceed with my appointment if it is deemed unsafe to myself or anyone else in the spa.
6. I understand the staff of myspa will do everything possible to minimize the spread of COVID-19 but know that this facility is not a zero-risk zone due to the nature of the business and services provided.

I, \_\_\_\_\_, verify that the information I have provided on this form is truthful and accurate and that I consent that I will not hold myspa Inc. responsible should I contract COVID-19.

Date: \_\_\_\_\_